

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

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| SERIAL NO. | FILING DATE |
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| APPLICANT(S) |
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CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|----|----------|-----|---------------------|-----|---------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
| 1 | 1 | | | | | |
| 2 | | 1 | | | | |
| 3 | | 1 | | | | |
| 4 | | 1 | | | | |
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TOTAL IND.

1
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TOTAL DEP.

TOTAL CLAIMS

10

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TOTAL IND.

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TOTAL DEP.

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TOTAL CLAIMS